

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0046261 0046261  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10983

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

13 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Christian Hospital

Inside Limits  
Yes ☒ No ☐

c. CITY  
OR  
TOWN

Overland

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

9430 Minerva Dr.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

John

W.

Kane

## 4. DATE OF DEATH

Month

Day

Year

Nov.

20.

1964

## 5. SEX

M

## 6. COLOR OR RACE

W

## 7. Married

☒ Widowed

Never Married ☐  
Divorced ☐

## 8. DATE OF BIRTH

10-20-88

## 9. AGE (last birthday)

76

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

## 10b. KIND OF BUSINESS OR INDUSTRY

Orchard Paper Co.

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Patrick Kane

## 13b. MOTHER'S MAIDEN NAME

Emily Kane

## 14. NAME OF HUSBAND OR WIFE

Ollie E. Kane

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW #1

## 17. INFORMANT

Address

Ollie E. Kane 9430 Minerva-Overland 14

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Coronary Heart Disease - decompensation

#### INTERVAL BETWEEN ONSET AND DEATH

Years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUETO (b)

Circular Fibrillation

#### DUETO (c)

Endarteritis obliterans - Coronary left leg

3 days

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4200

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Nov - 1964

to Nov 20 - 64 and last saw her him alive on Nov 20 - 1964

Death occurred at 10:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. J. R. M.D.

## 22b. ADDRESS

Overland, Mo.

## 22c. DATE SIGNED

11-23-64

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

11-23-64

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

Jennings, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Baumann Bros. Inc. 2504 Woodson Rd., Overland, Mo.

## 25. DATE RECD. BY LOCAL REG.

NOV 23 1964

## 26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1

2400X

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56

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1000000

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0-17

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 10770

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.